

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.		10/8/99
O.I.P.E. CLASSIFIER		10	10-14-99
FORMALITY REVIEW	CM	71632	10/20/99

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 - Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	10/23/02
2	✓	✓	10/23/02
3	✓	✓	10/23/02
4	✓	✓	10/23/02
5	✓	✓	10/23/02
6	✓	✓	10/23/02
7	✓	✓	10/23/02
8	✓	✓	10/23/02
9	✓	✓	10/23/02
10	✓	✓	10/23/02
11	✓	✓	10/23/02
12	✓	✓	10/23/02
13	✓	✓	10/23/02
14	✓	✓	10/23/02
15	✓	✓	10/23/02
16	✓	✓	10/23/02
17	✓	✓	10/23/02
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47	✓	✓	10/23/02
48	✓	✓	10/23/02
49	✓	✓	10/23/02
50	✓	✓	10/23/02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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